

## COMPLAINT FORM

UT-2003-0\_\_ -UT00\_\_

UDOT/MOTOR CARRIER DIVISION  
 4501 S 2700 W  
 BOX 148240  
 SALT LAKE CITY UT 84114-8240

PHONE: (801) 957-8581  
 FAX: (801) 965-4847

<b>Date:</b>	
<b>Name of Complainant:</b>	Phone/cell:
Street Address:	Fax:
City, State, Zip :	E-Mail:
<b>Name of Motor Carrier:</b>	
Street Address:	Phone:
City, State, Zip:	Fax:
USDOT#:	E-Mail:
<p><b>Complaint:</b> Complaints must allege violations of the Federal Motor Carrier Safety Regulations. Violations must have occurred within the previous 60 days. List any actions you have taken to resolve violations with the Motor Carrier. Statements must be concise and factual. Please list specific dates, times and circumstances; including vehicle license #, VIN or unit number, along with names of owner, dispatch and drivers as appropriate. Attach any roadside inspections, accident reports, shipping documents, logs or driver vehicle inspection reports, etc. that support your claim.</p>	
<b>List the specific relief you seek:</b>	
<b>Signature:</b>	
<b>For Office Use Only</b>	
Disposition: (circle one) Dismissed                      Referred for audit	Date assigned:
	Investigator assigned:
Research: (list most current information)	New CR date/rating:
CR date/rating:	Enforcement:
Enforcement:	Date letter sent to complainant:
Safestat list:	Date closed:

\*Note: reply by letter to complainant within 30 days of date of complaint